

<b>Retailer's Legal Name</b>	<b>Business Number</b>
<b>Retailer's Business Name</b>	<b>First Nation Reserve</b>
<b>Retailer's Location Address</b>	<b>Postal Code</b>
<b>Retailer's Mailing Address (If Different from Location Address)</b>	<b>Postal Code</b>

Date <i>mm/dd/yy</i>	Total Exempt Litres - Gasoline	Tax Refund	Total Exempt Litres - Diesel	Tax Refund
		To calculate the approximate refund: <i>Total Exempt Gasoline Litres</i> <i>x Tax Rate = Refund</i>		To calculate the approximate refund: <i>Total Exempt Diesel Litres</i> <i>x Tax Rate = Refund</i>
<b>TOTALS</b>				

**Retail Dealer Certification:**  
I hereby certify the details shown above and the information attached are true and correct.

<b>Individual Preparing This Report</b> (please print)	<b>Phone Number</b>
<b>Signature</b>	<b>Date</b>
<b>Title</b>	

<b>Taxation Division Office Use Only:</b>		
<b>Fuel Type &gt;&gt;</b>	<b>Gasoline</b>	<b>Diesel</b>
Allowed Exempt Litres		
Tax per Litre		
Refund by Fuel Type		
<b>TOTAL REFUND</b>		<b>Claim #:</b> <input type="text"/>

<b>Retailer's Legal Name</b>		<b>Business Number</b>	
<b>Retailer's Business Name</b>		<b>First Nation Reserve</b>	
<b>Change of Address</b>			
Effective date of address change:			
Location Address:			
Mailing Address:			
<b>Authorized Official</b> (please print)		<b>Title</b> (if applicable)	
<b>Signature</b>		<b>Date</b>	
<b>Authorize/Cancel a Representative</b>			
<b>Representative Name</b>		<b>Title</b> (if applicable)	
<b>Firm Name</b> (if applicable)		<b>Phone Number</b>	
<b>Mailing Address</b>		<b>Fax Number</b>	
<b>Scope of Authorized Representative's Authority:</b> (check all that apply):			
<i>Include a BCR if the Business is Band-Owned</i>			
<input type="checkbox"/>	Only provide information, including claims submissions, for Retailer listed above.		
<input type="checkbox"/>	Provide and obtain information for the Retailer listed above.		
<input type="checkbox"/>	Provide changes for the Retailer listed above.		
<input type="checkbox"/>	Representative has authority to sign documents for Retailer listed above.		
<b>Cancellation:</b>			
<input type="checkbox"/>	Cancel all representative authorizations.		
<input type="checkbox"/>	Cancel authorization for the individual or firm listed above.		
<b>By signing this form below, you authorize the Taxation Division to:</b>			
<input type="checkbox"/>	Deal with the representative noted above according to the details provided.		
<input type="checkbox"/>	Cancel the existing authorization(s) described above.		
<b>Authorized Official</b> (please print)		<b>Title</b> (if applicable)	
<b>Signature</b>		<b>Date</b>	
<b>E-Mail Address</b>		<b>Phone Number</b>	
<b>Sale of Business</b>			
Please be advised that the above business ceased operation on:			
Check the applicable boxes below:			
<input type="checkbox"/>	Business closed and assets retained by Retailer		
<input type="checkbox"/>	Business sold (please contact the Taxation Division, Bulk Sales Officer at the listings on the reverse side)		
	Legal Counsel:		
	Other (please explain):		
For an incorporated business, this transaction was a sale of shares only:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Certification:</b> I certify that the statements on this form are true and correct.			
<b>Authorized Official</b> (please print)		<b>Title</b> (if applicable)	
<b>Signature</b>		<b>Date</b>	
<b>E-Mail Address</b>		<b>Phone Number</b>	
<b>Direct Deposit Changes</b>			
If you have any changes to the Direct Deposit information, including banking information or address, please contact the Taxation Division at the listings on the reverse side for the required forms.			